

# ELECTRICAL PERMIT APPLICATION

If faxed in, payment must be received  
in 5 business days.

**A. LOCATION OF ELECTRICAL  
ACTIVITY:**

ADDRESS  
NUMBER N-S-E-W STREET NAME APT #

IF THIS IS BUILDING HAS MULTIPLE  
ADDRESSES:

LOWEST NUMBER \_\_\_\_\_

HIGHEST NUMBER \_\_\_\_\_

**B. OWNER OR LEASEE OF THE  
PROPERTY:**

NAME

ADDRESS  
NUMBER N-S-E-W STREET NAME APT #

CITY STATE ZIP CODE

TELEPHONE NO.  
(\_\_\_\_\_) \_\_\_\_\_

**C. USE OF STRUCTURE: (CHECK ONE)**

- \_\_\_\_ 1) ONE FAMILY  
\_\_\_\_ 2) TWO FAMILY  
\_\_\_\_ 3) NON-RESIDENTIAL  
\_\_\_\_ 4) MULTI-FAMILY/CONDOS  
(3 OR MORE UNITS)

**D. TYPE OF WORK: (CHECK ONE)**

- \_\_\_\_ 1) ALTERATION/REMODEL  
/REPAIR TO EXISTING ELECTRICAL  
DISTRIBUTION SYSTEM (EDS)  
\_\_\_\_ 2) EDS IN MOBILE HOME PARK  
\_\_\_\_ 3) CONNECTION TO A MOBILE  
HOME IN A MOBILE HOME PARK  
\_\_\_\_ 4) CONNECTION/  
RECONNECTION TO A RELOCATED  
STRUCTURE  
\_\_\_\_ 5) NON-DUCTED SPACE  
COOLING  
\_\_\_\_ 6) NON-DUCTED SPACE  
HEATING  
\_\_\_\_ 7) NON-DUCTED SPACE  
COOLING AND SPACE HEATING  
\_\_\_\_ 8) COMMERCIAL ACCESSORY  
STRUCTURE

\_\_\_\_ 9) COMMERCIAL ADDITION

\_\_\_\_ 10) INSTALLATION IN A NEW  
STRUCTURE

\_\_\_\_ 11) RESIDENTIAL ACCESSORY  
STRUCTURE

\_\_\_\_ 12) RESIDENTIAL ADDITION

\_\_\_\_ 13) ROW SIGNAL/SENSOR/  
MONITOR (i.e., TRAFFIC LIGHT)

\_\_\_\_ 14) TEMPORARY SERVICE

\_\_\_\_ 15) UPGRADE SERVICE ONLY

\_\_\_\_ 16) UTILITY POLE/METER-  
NEW/ALT/REPAIR

**E. UPGRADE SERVICE**

FROM \_\_\_\_\_ TO \_\_\_\_\_ AMPS

**F. VALUE OF ELECTRICAL WORK:**

NEW \$ \_\_\_\_\_

REMODEL \$ \_\_\_\_\_  
(DOLLARS ONLY/NO CENTS)

**G. STATE DESIGN RELEASE NUMBER:  
(IF COMMERCIAL)**

**H. STRUCTURAL PERMIT NUMBER:**

**I. STRUCTURAL PERMIT FEE:**

NEW \$ \_\_\_\_\_

REMODEL \$ \_\_\_\_\_

**J. NUMBER OF METERS:**

**K. Scope of Work:** \_\_\_\_\_

**L. NON-DUCTED SPACE  
COOLING/HEATING INPUT:**

TOTAL COOLING BTUs \_\_\_\_\_  
No. of units \_\_\_\_\_

TOTAL HEATING BTUs \_\_\_\_\_  
No. of units \_\_\_\_\_

**M. NUMBER OF MOBILE ASSEMBLIES:  
(MOBILE HOME PARK)**

**N. CONTRACTOR RESPONSIBLE FOR  
ELECTRICAL PERMIT:**

If the applicant is obtaining the permit for a  
contractor which is licensed with the  
Department of Code Enforcement, please  
complete the following information:

BUSINESS NAME

**I AFFIRM, UNDER PENALTIES FOR  
PERJURY, THAT THE FOREGOING  
REPRESENTATIONS ARE TRUE.**

NAME

SIGNATURE

DATE \_\_\_\_\_

**LICENSE NUMBERS:**

CORPORATION/PARTNERSHIP/LLC

INDIVIDUAL

TELEPHONE NO.  
(\_\_\_\_\_) \_\_\_\_\_

FAX NO:  
(\_\_\_\_\_) \_\_\_\_\_

**Office Use Only**

Permit # \_\_\_\_\_

Processed by \_\_\_\_\_

Date \_\_\_\_\_ \$ \_\_\_\_\_ Fee

Department of Code Enforcement, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225

PHONE: (317) 327-8700 ♦ FAX: (317) 327-5397

www.indy.gov/permits

12/28/2009